

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For essistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes X No.

(CFA-4) Summary Sheet

FILE NUMBER 46-20-04

**TOTAL PAGES IN ENTIRE CFA-4 REPORT** 

PARTY STATE OF THE PROPERTY OF THE PERTY OF	COMMITTEE INFORMATION	131			
Full Name of Committee (as on Statement of Organiz	Santa Andrews Control of the Control	name			
TONY HENDRICKS FOR SURVEYO	R COMMITTEE				
2. Acronym or Abbreviated Name (if any)		3. Con	nmittee Telephone	Number	
		( 219	)363-380	8	
4. Mailing Address (address where all campaign finance	correspondence is received)	heck if th	is is a new addres	s	
6833 west Linda Lane					
5. City, State, ZIP Code		6. Part	y Affiliation (if appl	licable)DEMOCRATIC	
Michigan City, in 46360				Part & Older Guis Hall Street Control of the Street	
	INFORMATION (For Candidate's C	-	A CONTRACTOR OF THE PARTY OF TH		
7. Full Name of Candidate (include any nickname)		10	y Affiliation or If Ind	dependent Candidate	
ANTHONY (TONY) CHARLES HENDRICKS			1		
Office Sought (Include district number, if any. Not req     COUNTY SURVEYOR	uired for exploratory committee.)	10. Co	unty of Residence	LA PORTE	
The state of the s	F REPORT		CON	IVENTION CANDIDATES ONLY	
11. Check one:				ck one:	
☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination [	Other			Pre-Convention	
Final/Disbands Committee (lines 18, 19, and 20 must be "0")		Organizatio		Post-Convention	
12. Reporting Period:		-	COLUMN	A COLUMN B	
From: 1/01/20	Through:12/31/20		This Perio		
13. Cash on hand and investments at the beginning of the			78.69		
14. Cash on hand and investments January 1, current ye				41.69	
CONTRIBUTIONS AI	ND RECEIPTS				
(Note: these amounts include in-kind contributions and lo	pans, as well as cash contributions.)			Brook Albandar Brook	
15a. Itemized (use Schedule A)			0.00	200.00	
15b. Uniternized			0.00	0.00	
15c. Add lines 15a and 15b in both columns	SUBTO	OTAL	0.00	0.00	
16. Add lines 13 and 15c in Column A and lines 14 and 1	5c in Column B T	OTAL	0.00	241.69	
EXPENDITURES					
(Note: These amounts include in-kind expenditures and it	oan repayments.)		<b>计型计算器</b>		
17a. Itemized (use Schedule B) (Public Question: use Sc	chedule C)		0.00	0.00	
17b. Unitemized			0	171.00	
17c. Add lines 17a and 17b in both columns	SUBT	OTAL	0	0.00	
18. Cash on hand and investments at close of this reporting period	d (subtract 17c from 16 in both columns)	TOTAL	70.69	70.69	
19. Debts OWED BY the committee (use Schedule D)			0.00	THE REST OF THE	
20. Debts OWED TO the committee (use Schedule E)			0.00		
a de la companya de	RTIFICATION			F FOR OFFICE USE ENLY D	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE B		RUE, CORF	RECT AND COMPLET	E. T. CLERKS OFFICE	
Signature of Treasurer	Title		ate		
				JAN 28 2021	
Signature of Candidate (if applicable)		D	ate	2021	
	ed for sale or used for any commercial numose.	IC 3-9-4-51	A person who knowin	ngk / /	
<b>WARNING:</b> Any information contained in this report may not be copilies a fraudulent report commits a Class D felony. (IC 3-14-1-13) Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14).	A person who fails to file a complete or accurate	e report as	required by the Indi	BARK OF LA POPTE Stevens	
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-	14) and may be subject to civil penalties. (IC 3-9-	4-16, IC 3-9	9-4-17, IC 3-9-4-18)	CRECUIT COURT	



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IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

FILE NUMBER

46-20-04

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION	The Street			2. 不管的
1. Full Name of Committee (as on Statement of Organization)	name			
TONY HENDRICKS FOR SURVEYOR COMMITTEE				
2. Acronym or Abbreviated Name (if any)	3. Commi	ttee Telep	hone Numbe	er
	( 219	)363	3-3808	
, maining running	neck if this is	s a new a	ddress	
6833 west Linda Lene 5. City, State, ZIP Code	6 Party A	ffiliation (i	f annlicable)	DEMOCRATIC
Michigan City, in 46360	O arty A	unaudir (x	г арриоавюу.	SEMOGRATIO
CANDIDATE INFORMATION (For Candidate's C	ommittees	s Only)		
7. Full Name of Candidate (include any nickname)	- Constitution of the Cons	STATE OF THE STATE	r If Independ	ent Candidate
ANTHONY (TONY) CHARLES HENDRICKS	DEMOCR	ATIC		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Count	y of Resid	lence LA PO	RTE
COUNTY SURVEYOR  TYPE OF REPORT		No. SAME	CONVENT	ON CANDIDATES ONLY
			Check one:	UN CANDIDATES UNL
11. Check one:  ☐ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other		Pre-Convention		
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of Organization)				privention
2. Reporting Period:			UMN A	COLUMN B
From: 5/9/10 Through:10/9/20	, All	No. of Concession, Name of Street, or other Persons, Name of Street, or ot	Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	7	78.69		
14. Cash on hand and investments January 1, current year.				41.69
CONTRIBUTIONS AND RECEIPTS				
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		0.00		200.00
15a. Itemized (use Schedule A)  15b. Unitemized		0.00		0.00
15c. Add lines 15a and 15b in both columns SUBTO		0.00		0.00
Too, 7 to a miles for the control of		0.00		241.69
EXPENDITURES	O IAL			241.00
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	0	0.00		0.00
17b. Unitemized	8	3.00		171.00
17c. Add lines 17a and 17b in both columns	TOTAL 8	3.00		0.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL 7	70.69		70.69
19. Debts OWED BY the committee (use Schedule D)	C	0.00		
20. Debts OWED TO the committee (use Schedule E)		0.00		<b>"生物社会和企业</b>
		YE BIRID		COD OFFICE HOF ON V

THE ROLL OF STREET	CERTIFICATION	THE PARTY OF THE P	FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO	THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CORRECT AND COMPLETE	L CLERKS OFFICE
Signature of Treasurer	Title 1 . 0 . 0 . 1	Date / /	
ens GN	CANDIDATE	10/9/20	1
Signature of Candidate (if applicable)		Date / /	DEC - 8 2020
lug lines		18.19/20	
WARNING: Any information contained in this report may not be	e copied for sale or used for any commercial purpos	e. (IC 3-9-4-5) A person who knowing!	y
files a fraudulent report commits a Class D felony. (IC 3-14-	1-13) A person who fails to file a complete or accu	rrate report as required by the Indian	a Konfert Cheback
Campaign Finance Law commits a Class B misdemeanor, (IC 3	3-14-1-14) and may be subject to civil penalties. (IC 3	3-9-4-16, IC 3-9-4-17, IC 3-9-4-18), FRK	OF LA PORTE CIRCUIT COU



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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For

IS THIS AN AMENDMENT? Yes No

assistance in completing this form, see instructions on the reverse side.

(CFA-4) Summary Sheet

FILE NUMBER

46-20-04

**TOTAL PAGES IN ENTIRE CFA-4 REPORT** 

COMMITTEE INFORMATION		7.75(1)		
Full Name of Committee (as on Statement of Organization)  Check if this is a new result.	ame			
TONY HENDRICKS FOR SURVEYOR COMMITTEE	lattie			
2. Acronym or Abbreviated Name (if any)	3. Cor	nmittee Telep	hone Numb	per :
2. Postifin di Passionalda Falino (il diliy)	( 21	7	3-3808	
4. Mailing Address (address where all campaign finance correspondence is received)		nis is a new a		
6833 west Linda Lane				
5. City, State, ZIP Code	6. Par	ty Affiliation (i	f applicable	DEMOCRATIC
Michigan City. in 46360				
CANDIDATE INFORMATION (For Candidate's Co	ommitt	ees Only)		
7. Full Name of Candidate (include any nickname)		-	r If Indepen	dent Candidate
ANTHONY (TONY) CHARLES HENDRICKS	DEMC	CRATIC		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Co	ounty of Resid	ence LA Po	DRTE
COUNTY SURVEYOR				
TYPE OF REPORT		AT VENEZA	The state of the s	TON CANDIDATES ONLY
11. Check one:  Pre-Primary Pre-Election Annual Nomination Other			Check one	: onvention
				Convention
Final/Disbands Committee (tines 18, 19, and 20 must be *0*)	Organizatio	Company of the		Soliverition
12. Reporting Period:			JMN A Period	COLUMN B Year to Date
From: 1/1/19 Through:12/31/19			resion .	rear to bate
13. Cash on hand and investments at the beginning of this reporting period.      14. Cash on hand and investments January 1, current year.		0		41.69
CONTRIBUTIONS AND RECEIPTS				41.09
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (use Schedule A)		0		200.00
15b. Unitemized		0.00		0.00
15c. Add lines 15a and 15b in both columns SUBTO	DTAL	0.00		0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	OTAL	0		241.69
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		0.00		0.00
17b. Unitemized		0		163.00
17c. Add lines 17a and 17b in both columns SUBT	OTAL	0.00		0.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	78.69		78.69
19. Debts OWED BY the committee (use Schedule D)		0.00		
20. Debts OWED TO the committee (use Schedule E)		0.00		
CERTIFICATION	1725			FOR OFFICE USE ONLY
'ERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TR	UE, COR	RECT AND CO	MPLETE.	IT CLERKS OFFICE
Consture of Treasurer  Title  C.A.D.DATE		Date/21/2	0	APR 2 4 2020
Signature of Candidate (if applicable)	1	Date/21/2	0	Kunnan
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (if significant flags of the sign	s report a	is required by the	e indiana	Kentyengehisback, RK OF LA PORTE CIRCUIT COL



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER				
Page	of			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
Contributor's Occupation (if required)	-			
2.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts:  Interest Loan  Misc. (specify)			
3.	Contributions:			
3.	Direct In-Kind (describe)			
Contributorio Consentino (if any inch	Other Receipts:  Interest Loan  Misc. (specify)			
Contributor's Occupation (if required)	0-4%			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
Contributed a Constraint (6	Other Receipts:  Interest Loan  Misc. (specify)			
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$0.00		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER		
Page	of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions:  Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions:  Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions:  Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions:  Direct In-Kind (describe)  Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE	THIS PAGE OF SCHEDULE A	\$0.00		
	M 15a of the Summary Sheet)	\$0.00		



# (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

**Itemized Contributions and Other Receipts** 

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FII	LE NUMBER	
Page	of	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on IT)	A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$0.00		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

**Itemized Contributions and Other Receipts** 

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER					
Page	of				

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions:  Direct In-Kind (describe) Other Receipts:	LINED	LANCOUNTE	
	Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			,
5.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
	THIS PAGE OF SCHEDULE A	\$0.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$0.00		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

**Itemized Contributions and Other Receipts** 

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER				
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			95	
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
4.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
SUBTOTAL T	THIS PAGE OF SCHEDULE A	\$0.00		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY 11 15a of the Summary Sheet)	\$0.00		



(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER					
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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION  OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$0.00		
TOTAL OF ALL PA	TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONL (Enter total on ITEM 17a of the Summary Shee				



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

FILE NUMBER				
Page	of			

				Page	<sup>OT</sup>
Fator Tout of Bublic Question	PUBLIC QUESTIO	N INFORMATION			
Enter Text of Public Question					
T	(f )				
Type of Question: Statewide Dosition: Supported Doppos					
	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIFICAT SOCCOPATION	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code		☐ Direct ☐ In-Kind			
		Payment of Debt			
		Returned Contribution  Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind			
-		Payment of Debt Returned Contribution			
		Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind			
		Payment of Debt			
		Returned Contribution Other			
		Purpose:			
		☐ Direct ☐ In-Kind			
Code		Payment of Debt			
		Returned Contribution Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt			
		Returned Contribution			
		Other Purpose:			
		r urpose.			
Code		☐ Direct ☐ In-Kind			
		Payment of Debt Returned Contribution			
		Other			
		Purpose:			
	SUBTOTAL THIS PAG	SE OF SCHEDULE C	\$0.00		
TOTAL OF ALL PAGE	ES OF SCHEDULE C ON THE	LAST PAGE ONLY	\$0.00		
	(Enter total on ITEM 17a of t	the Summary Sheet)	<b>\$0.00</b>		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER				
Page _	of			

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	YEAR-TO-DATE	PERIOD
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
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	TOTAL OF ALL	PAGES OF SCHEDUL			
	TOTAL OF ALL	(Enter total on I	TEM 19 of the S	Summary Sheet)	\$0.00



# (CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

FILE NUMBER				
Page	of			

		ODIONAL AMOUNT			
BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
(Street, namzer, only, state, zir code)	(Surest, number, only, state, 211 society	NATURE OF DEBT		TEAR TO DATE	LINOS
			į		
SUBTOTAL THIS PAGE OF SCHEDULE E				\$0.00	
	TOTAL OF A	LL PAGES OF SCHEDUL	E E ON THE LAS	ST PAGE ONLY	\$0.00
(Enter total on ITEM 20 of the Summary Sheet)					3-11-1



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? 
Yes 
No

(CFA-4) Summary Sheet

FILE NUMBER
46-20-04

**TOTAL PAGES IN ENTIRE CFA-4 REPORT** 

COMMITTEE INFORMATION			
Full Name of Committee (as on Statement of Organization)  Check if this is a new result.	name		
TONY HENDRICKS FOR SURVEYOR COMMITTEE			
Acronym or Abbreviated Name (if any)	3. Comn	nittee Telephone	Number
n sev	( 219	)363-380	08
4. Mailing Address (address where all campaign finance correspondence is received)	heck if this	s is a new addres	SS
6833 west Linda Lane	- gr		
5. City, State, ZIP Code	6. Party	Affiliation (if app	olicable)DEMOCRATIC
Michigan City, in 46360			
CANDIDATE INFORMATION (For Candidate's C	THE REAL PROPERTY.		
7. Full Name of Candidate (include any nickname)	8. Party DEMOC		ndependent Candidate
ANTHONY (TONY) CHARLES HENDRICKS	14904 1410000000000000000000000000000000		
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cou	nty of Residence	E LA PORTE
COUNTY SURVEYOR			
TYPE OF REPORT	WEVE SHE		NVENTION CANDIDATES ONLY
11. Check one:  Pre-Primary Pre-Election Annual Nomination Other			eck one: Pre-Convention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of	f Organization		Post-Convention
	i Organization)		
12. Reporting Period:		COLUMN This Peri	
From: 1/1/19 Through:12/31/19  13. Cash on hand and investments at the beginning of this reporting period.		41.69	
14. Cash on hand and investments January 1, current year.		41.00	41.69
CONTRIBUTIONS AND RECEIPTS	<b>POLICE</b>		THE THE PARTY
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			多。由 经合业单位企业
15a. Itemized (use Schedule A)		200.00	200.00
15b. Unitemized		0.00	0.00
15c. Add lines 15a and 15b in both columns SUBT	OTAL	0.00	0.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	241.69	241.69
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		0.00	0.00
17b. Unitemized		163.00	163.00
17c. Add lines 17a and 17b in both columns	TOTAL	0.00	0.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	78.69	78.69
19. Debts OWED BY the committee (use Schedule D)		0.00	
20. Debts OWED TO the committee (use Schedule E)		0.00	FIME
CERTIFICATION			CLEOR SEFICE USE ONLY
ERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	RUE, CORR	RECT AND COMPLE	
Inature of Treasurer Clittle CANDIDATE		ate /6/2	JAN 8 2020
Signature of Candidate (if applicable)	D	ate / L	V
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.	(IC 3.0 A F)	A person who tries	1 The state of
files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accura	ate report as	required by the In	diana
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9	9-4-16, IC 3-9	9-4-17, IC 3-9-4-18)	



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

**Itemized Contributions and Other Receipts** 

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUMBER	
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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1. Anthony HENDRICKS 6833 W. LINDA	Contributions:			AcH
6833 W. LINDA	In-Kind (describe)	700.00	7 00.00	19/15/19
MICHICAN CITY, IN 46360	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
2.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
Contributor's Occupation (if required)	Misc. (specify)			
3.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)	-		
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
SUBTOTAL THIS PAGE OF SCHEDULE A		\$0.00 200.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$0.00 2 00,00		